

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/12/2012
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155121 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 03/07/2012 | |
| NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1903 UNION ST LAFAYETTE, IN 47904 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| {F 000} | <p>INITIAL COMMENTS</p> <p>This visit was for the PSR (Post Survey Revisit) to the Investigation of Complaint IN00102782 completed on 2/1/2012.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00104796.</p> <p>Complaint IN00102782 - Corrected</p> <p>Dates of survey: March 6-7, 2012</p> <p>Facility number: 000051 Provider number: 155121 AIM number: 100275490</p> <p>Survey team: Vanda Phelps, RN</p> <p>Census bed type: 16 SNF 111 SNF/NF 127 Total</p> <p>Census payor type: 20 Medicare 88 Medicaid 19 Other 127 Total</p> <p>Sample: 6</p> <p>Rosewalk Village at Lafayette was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00102782.</p> <p>Quality review 3/08/12 by Suzanne Williams, RN</p> | | | {F 000} | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | | TITLE | | (X6) DATE | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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